



5395 Double Bridge Rd.
 Ellenwood, GA 30294
 Ph: 678-644-4848
 Fax: 404-241-1474
 E-mail: Jaimebostic@gmail.com
 Website: Jbostictax.com

Taxpayer Information (Please Print)

Spouse Information (Please Print)

Name:	Social Security Number	Name:	Social Security Number
Date of Birth	Contact Number	Date of Birth	Contact Number
I.D/Driver's License/ State:	Occupation	I.D/Driver's License/ State:	Occupation
Date D.L Issue:	Exp. Date:	Date D.L Issue:	Exp. Date:
Home Address:		Home Address:	
City, State Zip:		City, State Zip:	
Mailing Address:		Mailing Address:	
City, State Zip:		City, State Zip:	
Email:		Email:	

Did you have any of the following types of income for 2024? (Check all that apply & write the amounts)

<input type="checkbox"/> Cryptocurrency	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Royalties	<input type="checkbox"/> 1099R (Pension payment)
<input type="checkbox"/> Gambling/Lottery	<input type="checkbox"/> Other Income:	<input type="checkbox"/> State Tax Refund	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Interest	<input type="checkbox"/> Rents	<input type="checkbox"/> 1099 MISC (Your own business)	<input type="checkbox"/> Social Security

1099K (Payment Card & Third-Party Network Transactions (Cash App, Zelle, etc.))

Have you received W-2s from Each of your jobs? Yes /No	How many W-2s received?
Did you receive a 1099K? Yes/No	If yes, please include your 1099K form
Did you receive any unemployment compensation? Yes/No	If yes, please include your 1099G form
Did you take a distribution from your retirement savings? Yes/No	If yes, please include your 1099R form
Did you or your dependents pay college tuition or fees? Yes/ No	How much did you pay?
Must Provide 1098T copy	1098T amount:
Do you have health insurance? Yes/No	is it with your employer or thru the Marketplace/Obamacare?
If insured with Marketplace/Obamacare, please provide your required 1095A	

Filing Status:

<input type="checkbox"/> Head of Household	<input type="checkbox"/> Single
<input type="checkbox"/> Qualified Widow	<input type="checkbox"/> Qualified Widower
<input type="checkbox"/> Married (filing jointly)	<input type="checkbox"/> Married (filing separately)

Direct Deposit Information:

Routing Transit Number:
Depositor Account Number:
Type of Account Checking/Savings?

Dependents (Social Security Number Must Match)

Name (First, Last)	Date of Birth	Social Security #	Relationship (son, daughter, parent, etc.)	Months in Home (1-12)	Child Care (Yes/No)

Client Statement of Accountability:

J Bostic Accounting & Tax Services, Inc. will prepare your 2024 individual tax return with the information you have provided. We will not audit or verify the information that you provide. As the taxpayer, you are held legally responsible for the preparation and filing. All social security numbers much match for return to be accepted by the IRS.

I, (taxpayer print name here) _____, have provided J Bostic Accounting & Tax Services, Inc the attached tax information, and I certify that this information is **current**, and **factual**.

I, (taxpayer print name here) _____, have provided J Bostic Accounting & Tax Services, Inc. with the necessary copies of all **Drivers Licenses and Social Security Cards** used for this return

DO YOU OWE ANY OUTSTANDING DEBTS (BACK TAXES, CHILD SUPPORT, STUDENT LOANS, etc.) to either THE FEDERAL, OR STATE GOVERNMENT, OR ANY OTHER LEGITAMTE AGENCY? Yes___ No___

Taxpayer's Signature

Spouse's Signature

Date

Date

Section A Deductions Indicate any deductions you have listed below

Types of Deductions	Yes	No	Amounts
Interest paid on home			
Real Estate taxes paid on home			
Charitable Cash Contributions (i.e. Church, United Way, etc.)			
Medical Expenses that you paid out of pocket (including premiums, which come out of paycheck) Also copays, hospital, urgent care, eye glasses, contacts, therapy etc			
Other deductions/Misc.			
Donations (Goodwill, Salvation Army, Kidney Foundation, clothing, other items etc.)			
Vehicle Ad Valorem Tax			
Student Loan Interest			
OTHER:			
Child Care Expenses Provider Name: Address: EIN# or SS#			

Section B Income Include the amounts in the fields listed below

Business Income	Self Employed Business #1	Self Employed Business #2	Rental Property Income

Section C Expenses Include the amounts in the fields listed below

Expense Type	Self Employed Business #1	Self Employed Business # 2	Self-Employed Business #3	Rental Property Expense
Advertising & Marketing				
Business Gifts				
Conference & Seminars				
Dues, Subscriptions & Publications				
Independent Contractors				
Insurance Other Than Health				
Legal, Accounting & Professional				
Meals & Entertainment				
Office Expenses & Bank Fees				
Postage & Delivery				
Rent (Equipment, Vehicles, Hotels)				
Repairs & Maintenance (car)				
Supplies				
Taxes & License				
Cellular Service/Fax Line				
Uniforms (purchase & cleaning)				
Other Expenses				



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Section D Home Office **Used regularly & exclusively for business? Yes___ No___**
Office Space (sq ft) / Total Living (sq ft) = _____

Expense Type	Self Employed Business #1	Self Employed Business # 2
Utilities, Trash, Internet, Phone, Fax		
Rent		
Insurance		
Repairs and Maintenance		
Alarm		
Carpet cleaning / Janitorial		
Pest Control		
Other Expenses		

If you are lacking any supporting documentation for the deductions above, please explain below. If you are unsure about your documentation, please list your concern(s) or question(s) here as well (use separate sheet of paper if necessary).
